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SEC. OF STATE

# STATE OF SOUTH DAKOTA
# Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

| 1. TITLE OF NEWSPAPER **The Groton Independent** | | 2. DATE **Dec. 2, 2012** |
|---|---|---|
| 3. FREQUENCY OF ISSUE **Weekly** | 3A. NO. OF ISSUES PUBLISHED ANNUALLY **50** | 3B. ANNUAL SUBSCRIPTION PRICE $ **35.00** |

4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) **110 N Washington St., Groton SD 57445-2252**

5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) **110 N Washington St., Groton SD 57445-2252**

6. FULL NAME OF PUBLISHER: **Paul Irvin Kosel**

7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.

| FULL NAME | COMPLETE MAILING ADDRESS |
|---|---|
| **Next Generation Publications, Inc.** | **110 N Washington St., Groton SD 57445-2252** |

8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.

**None**

| 9. EXTENT AND NATURE OF CIRCULATION | AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS | ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE |
|---|---|---|
| A. TOTAL NO. COPIES (Net Press Run) | **231** | **220** |
| B. PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors and counter sales. | **33** | **37** |
| 2. Mail Subscription (Paid and or requested) | **186** | **172** |
| C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2) | **219** | **209** |
| D. FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS | **0** | **0** |
| 2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES | **0** | **0** |
| E. TOTAL DISTRIBUTION (Sum of C, D1 and D2) | **219** | **209** |
| F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing | **0** | **0** |
| 2. Return from News Agents | **12** | **11** |
| G. TOTAL (Sum of E, F1 and F2 – Should equal net press run shown in A) | **231** | **220** |

**Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public**

**I swear that the statements made by me are true, correct, and complete:**

Tina Kosel
(Signature)

**Office Manager**
(Title)

State of South Dakota )
§
County of **Brown** )

(Seal)

Sworn to before me this **2nd** day of **December, 2012**

Paul D Kosel
Notary Public

My commission expires: **January 24, 2018**

Form: SOS REC 051 7/2004